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CONFIRMATION NO. 1281

SERIAL NUMBER 10/081,695	FILING OR 371(c) DATE 02/22/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 1917
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/348,301 11/07/2001
 and claims benefit of 60/272,119 02/28/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/20/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 23	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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TITLE

APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

FILING FEE RECEIVED 844	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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